U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



3 Name and address of person filing

PO Box Bldg Room No If any

Name MAlcolm MORRISOR

1 File Number U

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From

Labor Organization File Number

P.O. Box, Building and Room Number if any

/1 /05 Through 12/31/05

Name UNITED TRANSPORTATION UNION FUSURANCE ASSECTATION

4 Name file number and address of labor organization

Street 599 01d	cherry Hwy	Street 14600 DCTRO	IT AVE
on Rockingha	m	concleveland, &	
State NC	ZIP Code + 4 23377	State Okio	ZIP Code + 444/07- 4250
5 Position in labor organization Field Super VISOR			
Enter appropriate data below I	during the past fiscal year you or your spo (except as specified in the excl	ouse or minor child directly or indirectl usions set forth in the instructions)	ly had any of the following interests
A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent			
6 Name and address of Employer (including trade name if any)		7 a Nature of Interest Tran action	or Income
Name			
Trade Name If any			
PO Box Bldg Room No if any			
Street		7 b Amount.	
City			
State	ZIP Code + 4		
	Sign	nature	

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the

Maluh T Monin Ton 5/15/06 910-995-6720

Date Telephone Number

undersigned's knowledge and belief true correct and complets (See the section on penalties in the instructions.)

Name of Bosses Educa			C.L. Alexandra II	
Name of Person Filing	MAICOLM	MORRISON	File Number U	

B Held an interest in or derived income or ei substantial part of which consists of buying fi of an employer whose employees your labor (2) any part of which consists of buying from dealing with your labor organization or with a	rom selling or leasing to or oth organization represents or is a or selling or leasing directly or i	erwise dealing with the business ctively seeking to represent or indirectly to or otherwise
8 Name and address of Business (including tr	rade name If any)	9 Business deals with
Name		
Trade Name if any		a Labor Organiz ition
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PO Box Bldg Room No If any		c Employer
Street		C Employer
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State	ZIP Code + 4	
10 If 9 b or 9 c is checked give trust or emp	oloyer's name	11 a Nature of such dealing
Name		
Trade Name If any		
P O Box Bldg Room No if any		
Street		
City		11 b Approximate dollar value of such dealing
City		12 a Nature of interest held or income received
State	ZIP Code + 4	
	-1944-1-4	12 b Amount

C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money and an address of Employer or Labor Relations Consultant (including trade name if any)	y or other thing of value  14 a Nature of payment  2 / 2 4 / 0 5
Name Moody LAW FIRM  Trade Name If any	DINNER WIFE PRESENT
PO Box Bidg Room No If any 500 CRAWFORD ST SUITE 300 Street PO BOX 1138	
City PORTS MOUTH	
State V A ZIP Code + 4 23 70 S	
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment S 43 00

File Number U Name of Person Filing

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the bulline ss of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwice dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including	ng trade name if any)	9 Business deals with	
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Trade Name if any		b Trust	
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		rower	

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

14 a Nature of paymert

LUNCL

7/1/05

Name Moody LAW TIRM

Trade Name if any

PO Box Bldg Room No If any SCO CRAWFORD ST SUITE 300 Street PU 130X 1138

PORTSMOUTH

State V A

ZIP Code + 4 2 3 705

13 b Is the Business an Employer

or Consultant

14 b Amount of payment

5 13 00

Name of Person Filing MAICOIM MCRIZISON File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a

of an employer whose employees (2) any part of which consists of t	of buying from selling or leasing to or s your labor organization represents or buying from or selling or leasing directly too or with a trust in which your labor or	is actively seeking to represent or rounding to or otherwise		
8 Name and address of Business (including trade name if any)		9 Business deals with		
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	byer (other than an employer covere- cultant to an employer any payment of			
	oyer or Labor Relations Consultant	14 a Nature of payment		
(including trade name if any)  Name Moody Life	_	7/7/05		
Trade Name If any	1 //2 /	Meeting + meal		
·	ny 500 CRAWTORD:	CT.		
Street PO Bo	00	!		
City PORTS MOUT	Th			
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13 b Is the Business an Employ	rer or Consultant	14 b Amount of payment		

File Number U Name of Person Filing B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the busine s of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8 Name and address of Business (including trade name if any) 9 Business deals with Name a Labor Organi ation Trade Name If any b Trust PO Box Bldg Room No If any c Employer Street City State ZIP Code + 4 , 11 a Nature of such dealing 10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any PO Box Bldg Room No If any Street 11 b. Approximate dollar vilue of such dealing City 12 a Nature of interest hilld or income received ZIP Code + 4 State 12 b Amount C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employing any payment of money or other thing of value 14 a Nature of payment 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) 1014/05 Name Moody LAW FIRM MARAL Trade Name If any POBOX BIDG ROOM NO IT ANY 500 CRAWFORD ST SUITE 300 Street PO BCX 1138 PORTSMOUTH ZIP Code + 4 23705 State V A 14 b Amount of payment

13 b Is the Business an Employer)

or Consultant

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Name of Person Filling MAICOLM MORIZ	(SON)
B Held an interest in or derived income or economic benefit with mone substantial part of which consists of buying from selling or leasing to of an employer whose employees your labor organization repre ents of (2) any part of which consists of buying from or selling or leasing direct dealing with your labor organization or with a trust in which your labor or	or otherwise dealing with the busine is r is actively seeking to represent or iy or indirectly to lor otherwise
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C Received from any employer (other than an employer cover	
or from any labor relations consultant to an employer any payment of a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment
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Trade Name of any	Menl
PO Box Bldg Room No If any 500 CRAWFORD SUITE 300 Street PO BCX 1138	ST
City PORTSMOUTH	1
State VA ZIP Code +4 2370	5
13 b is the Business an Employer or Consultant	14 b Amount of payment

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the busine is of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade n	me if any) 9 Business deals with
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Trade Name if any	Refreshments
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CITY PORTSMOUTH	
State $\bigvee A$ ZIP	ode +4 23705
13 b is the Business an Employer or	Consultant ?

Name of Person Filing MA	Icolm Mczie	21502	File Number U	
B Held an interest in or derived inco substantial part of which consists of of an employer whose employees yo (2) any part of which consists of buy dealing with your labor organization	ome or economic benefit with mor buying from selling or leasing to our labor organization represents ring from or selling or leasing direc	netary value from a business or otherwise dealing with the or is actively seeking to repres ctly or indirectly to or otherwis	ousine s ent or	-
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C Received from any employe or from any labor relations consults				-
13 a Name and address of Employe (including trade name if any)	The state of the s	14 a Nature of pay		And the second
Name Moody LAC	w Firi-			
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or 1 (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

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C Received from any employer (other or from any labor relations consultant to	her than an employer covered un	der parts A and B above) ey or other thing of value
13 a Name and address of Employer or L (including trade name if any)	Labor Relations Consultant	14 a Nature of payment
Name Moody LAW	FIRM	12/15/05
Trade Name If any	, ,,-,	Christmas GIFT
PO Box Bidg Room No If any 50	O CRAWFORD ST	
PO Box Bidg Room No If any 50 Suite 300 Street PO Box I	138	
City PORTS MOUTH		
State V A	ZIP Cod +4 23705	

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or Consultant

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